



DEPARTMENT OF CONSUMER AFFAIRS
STATE BOARD OF GUIDE DOGS FOR THE BLIND
1625 N. MARKET BLVD., SUITE S-202, SACRAMENTO, CALIFORNIA 95834
TELEPHONE: (916) 574 7825 FAX: (916) 574 8619



INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The information you provide on this application is maintained by the Executive Officer, State Board of Guide Dogs for the Blind, 1625 N. Market Blvd., Suite S-202, Sacramento, California 95834, telephone (916) 574-7825. The information is requested pursuant to Business and Professions Code, sections 7200, et seq., and Title 16, California Code of Regulations sections 2250, et seq.

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

Disclosure of Federal employer identification numbers or Social Security numbers is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes the collection of Social Security numbers and Federal employer identification numbers. Your Federal employer identification number or Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Federal employer identification number or Social Security number, you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. The Board may not process any application for a license unless the applicant provides the Board the requested Federal employer identification number or Social Security number.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code Section 6250 et seq.) and the Information Practices Act (Civil Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the Board unless otherwise specifically exempt from disclosure under the law.

Individuals have the right to review the records maintained on them by the Board unless the records are exempt by Civil Code Section 1798.40. You may gain access to the information by contacting the Board at the above address.

Please retain this page for your records.

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INSTRUCTIONS

1. A fee of \$250 must accompany this application.
2. Submit fee by certified/personal check or money order made payable to State Board of Guide Dogs for the Blind. Do not send currency.
3. The above fee and completed application must be received at least ten (10) days prior to date of examination.

For Office Use Only

Approved _____

Lic. No. _____

Date Issued _____

(PLEASE PRINT OR TYPE)

1. NAME OF APPLICANT:				
2. RESIDENCE ADDRESS: (NUMBER AND STREET)			3. PHONE:	
(CITY)	(STATE)	(ZIP CODE)	SOCIAL SECURITY NUMBER:	
4. Provide details of any education, training, experience or other information (e.g., employment, schools, classes, books read, letters of recommendation) that demonstrate your knowledge of the special problems of the blind and how to teach them. If applicable, include the number of person/dog units trained by you as apprentice instructor or instructor.				
DATES		NAME AND ADDRESS OF SCHOOL, EMPLOYER, OR LOCATION	EXPERIENCE IN DETAIL	PERSON/DOG UNITS
FROM	TO			

(If additional space is required for Item #4, attach supplemental sheet)

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<p>5. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? If answer is YES, state full details _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>6. Have you ever been denied a license of any kind or had a license suspended or revoked? If answer is YES, state full details _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>If additional space is required to answer any question attach supplemental sheets, as needed.</p>		
<p>7. Attach supporting documentation as to the number of person/dog units trained.</p>		

I hereby certify under penalty of perjury under the laws of the State of California that the information on this application and any appended sheets is true and correct.

Signature

Date

NOTE — Please submit any information you may have in support of your application.

Upon arrival of this application, the Board will notify you of the date and location of your examination.